

## FY 2004 - RESIDENT OPPORTUNITY AND SELF-SUFFICIENCY PROGRAM

OMB Approval No. 2577-0229

## PUBLIC HOUSING FAMILY SELF-SUFFICIENCY

Expiration Date: 02/28/2007

## FUNDING REQUEST FORM

## 1. PHA Information:

\* Name:

\* PHA Number:

\* Street1:

Street2:

\* City:

County:

\* State:

\* Zip Code:  \* Country:

\* Joint Application: Yes ☒ No ☐ If yes, please provide name(s), PHA number(s), and address information of joint applicant(s) (If more than one joint applicant, please attach additional sheets as necessary):

\* Name:

\* PHA Number:

\* Street1:

Street2:

\* City:

County:

\* State:

\* Zip Code:  \* Country:

Joint Applicant Additional Information:

## 2. Contact Information for the Person Most Familiar with This Application:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Phone Number:

\* Email:

\* 3. Application Type: New ☒ Renewal ☐

## 4. All Applicants - Total Approved Slots:

Please indicate the number of approved slots in your Public Housing FSS Action Plan. There is a 25-slot minimum in order to be eligible for this program. Joint applicants should indicate the combined total of FSS program slots in their HUD-approved Public Housing FSS Action Plans.

\* Total number of approved slots:

**RENEWAL APPLICANTS PLEASE ANSWER QUESTIONS 5 - 9****5. FSS Coordinator Information:**

\* a) FY under which your FSS Coordinator position was last funded: 08/13/1967

\* b) Number of positions funded: 0

\* c) Number of positions requested under this NOFA: 0

\* d) Annual salary requested for each FSS Coordinator(s): \$ 0.00

(Note: The salary requested should include fringe benefits, if applicable. Salaries must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap of \$63,000 per position)

\* e) Total funding requested for program coordinator salary(ies): \$ 0.00

\* f) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the positions you are applying for is on file at the PHA: Yes ☒ No ☐

\* 6. Total amount requested for Contract Administrator services: \$ 0.00

**7. Program Participant Information:**

\* Number of single-parent families: 0

**8. Reporting to HUD:**\* The PHA has submitted reports on participating families to HUD via the HUD 50058 Family Self-Sufficiency/Welfare-to-Work Voucher Addendum.  
Yes ☒ No ☐**9. Program Accomplishments - Complete All that Apply:**

\* The number of families enrolled in the Public Housing FSS program as of 9/30. 0

\* The number of Public Housing FSS program participants with an FSS escrow account balance greater than zero. 0

\* The average escrow account distribution paid to Public Housing families that graduated between 10/1 and 9/30. 0

\* The number of Public Housing FSS families that have successfully completed their FSS contracts between 10/1 and 9/30. 0

\* The number of Public Housing FSS graduates that moved out of public housing. 0

\* The number of Public Housing FSS graduates who participated in a ROSS-funded homeownership program. 0

\* The number of Public Housing FSS graduates who moved to homeownership through other homeownership programs. 0

**NEW APPLICANTS PLEASE ANSWER QUESTIONS 10 - 12****10. FSS Coordinator Information:**

\* a) Annual salary requested for the FSS Coordinator position: \$ 0.00

(Note: The salary requested should include fringe benefits, if applicable. Salaries must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap of \$63,000 annually for the position)

\* b) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the positions you are applying for is on file at the PHA: Yes ☒ No ☐

\* 11. Total amount requested for Contract Administrator services: \$ 0.00

**12. Information About Potential Participants:**

\* Percent of target population that is unemployed: 0.00% \* Number of single-parent families in target population: 0

Attachments

JointAdditionalInfo\_attDataGroup0

File Name

Mime Type